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MEDICAID MEMO

Last Updated: 03/09/2022

Requirement for Present on Admission (POA) Indicator for Inpatient Hospital Claims Submitted by Paper - November 1, 2008

The purpose of this memo is to alert all providers who currently submit paper claims using the UB04 CMS 1450 form that effective November 1, 2008, the Department of Medical Assistance Services (DMAS) will deny claims that do not have the Present on Admission (POA) indicator on inpatient hospital claims.

Present on Admission is defined as the illness or condition present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered as present on admission. The POA indicator is assigned to the principal and secondary ICD-9-CM diagnoses (as defined in Section II of the Official Guidelines for Coding and Reporting) and the External Cause of Injury Diagnosis codes. The POA indicator requirement only applies to Acute General Hospitals.

DMAS will follow the Present on Admission reporting guidelines as defined by the Department of Health and Human Services (DHHS).

The POA indicator is a required field on the claim and is to be indicated if:

- the diagnosis was known at the time of admission, or
- the diagnosis was clearly present, but not diagnosed, until after admission took place, or
- was a condition that developed during an outpatient encounter.

The POA indicators will be placed in locator 67A-Q, in the shaded area. Reporting codes are:



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Code: Definition:

Y = Yes N = No

U = No information in the record W =Clinically undetermined

ELIGIBILITY AND CLAIMS STATUS INFORMATION

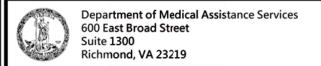
DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)



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Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.